

MASSACHUSETTS
Residential Recovery
Programs

*Patient Placement Criteria &
Patient Placement Criteria Checklists
with Outcome Measures*

Training Manual

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Health & Addictions Research, Inc.*

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Massachusetts Recovery Program Patient Placement Criteria and Outcome Measurement Training Manual

This manual provides:

- **An overview of Patient Placement Criteria**
- **Detailed instructions for the use of the Admission, Continuing Care and Discharge Criteria Checklists**
- **Detailed instructions for the use of the Residential Recovery Program Outcome Measurement Tool**
- **Answers to Frequently Asked Questions (FAQs) about patient placement criteria and outcome measurement**
- **Glossary of commonly used terms**
- **Copy of Admission, Continuing Care, and Discharge with Outcome Checklists**

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HISTORY & INTRODUCTION

The Residential Patient Placement Criteria (PPC) and PPC Checklists with Outcomes Measures were created by a collaborative effort among treatment providers from recovery homes, social model programs and therapeutic communities and the Massachusetts Department of Public Health Bureau of Substance Abuse Services (DPH-BSAS). The project was facilitated by the Quality Improvement Collaborative (QIC) of Health & Addictions Research, Inc. These treatment guidelines are the result of a unique collaboration of providers, payers and consumers. These PPC reflect the knowledge and experience of those who know the devastating effects of substance abuse and its impact on the individuals who suffer from it. This manual is a product of your hard work and dedication to serving others.

The genesis of this project can be found in a memo dated October 18, 1994, from the Bureau of Substance Abuse Services to "Select Residential Substance Abuse Providers". The memo called for a meeting to be held in November 1994. The purpose of which meeting was to provide orientation to this group of residential providers who had been asked to participate in the development of patient placement criteria for residential services. This work would occur "as part of a larger movement" to create uniform patient placement criteria to respond to national and state health reform initiatives and the demand for outcome based services.

BSAS was faced with the challenge of state and federal calls for the development of patient placement criteria and outcome measurements. Senior management at the Bureau of Substance Abuse Services approached the QIC to investigate the possibility of utilizing QIC as an outside facilitator. Utilization of an outside, neutral facilitator was thought to allow for the most inclusive process for developing these tools.

On September 29, 1995, at the request of the BSAS, and the QIC hosted a meeting of Residential Recovery Programs to discuss the development of patient placement criteria for their programs. The providers agreed to work on the development of these criteria by forming an inter-agency team facilitated by the QIC. The Residential PPC Team, a team of providers, representing the regional, programmatic and population diversity of the Residential treatment system in Massachusetts, was formed. This team drafted admission, continuing care and discharge criteria for Residential Recovery Programs in Massachusetts. The resulting Residential Treatment Program Patient Placement Criteria and Admission, Continuing Care, and Discharge Checklists were distributed system-wide in January, 1997.

In October, 1997 at the request of BSAS, the QIC hosted a meeting of Residential Recovery Programs to discuss the development of outcome measures for their programs. The providers agreed to work on the development of these outcome measures by forming an inter-agency quality improvement team. In February, 1998 representatives from the residential provider community convened and formed The Residential Outcome Measures Team (ROMT) with a goal of developing a residential outcome measurement system based on the Patient Placement Criteria.

This team was particularly interested in completing its work using the principles and processes of continuous quality improvement replicating that highly successful process that was used by the Residential PPC Development Team.

By July, 1998, the team developed a *draft* outcome measurement tool, had presented the product to major stakeholders, and conducted a six month pilot study of the use of this tool. At the completion of the pilot, BSAS requested that the team train the Residential Recovery Program staff on the use of both the Patient Placement Criteria, PPC Checklists with Outcome Measures Tool.

SECTION I

FREQUENTLY ASKED QUESTIONS (FAQS)

1. *What are Patient Placement Criteria (PPC)?*

Patient Placement Criteria (PPC) are guidelines developed by the American Society of Addiction Medicine (ASAM) that can be accurately used to assess the severity of clients' problems so that they can be admitted to the most appropriate level of care (admission criteria), remain in that level of care (continuing care criteria) and be discharged from that level of care (discharge criteria). These guidelines are divided into six dimensions:

- Acute Intoxication and/Withdrawal Potential
- Biomedical Stabilization
- Behavioral Stabilization
- Treatment Acceptance/Resistance
- Relapse Potential
- Recovery Environment

PPCs also describe the level of care. It includes the distinct characteristics of each residential modality: Recovery Home, Social Model Program, Therapeutic Community. These characteristics are outlined in two sections: ***Brief Description of Treatment Level*** and ***Programmatic Description***.

The use of carefully developed patient placement criteria leads to placement of clients in appropriate levels of care. Such criteria can also be used as a basis of making decisions about clients' movement through the continuum of services as treatment progresses or relapses occur.

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Continuing Care Criteria ensure that residents who are currently in treatment are making progress in the program and but have not reached the point of being ready for the next phase of treatment. Stabilization in a number of areas and compliance with the program structure are key elements in determining whether a resident meets the Continuing Care Criteria. The most important element in the Continuing Care PPC is the resident's continued ability to benefit from the program.

Continuing Care Criteria may be used to:

- Assess the resident's ongoing issues and continued need for services.
- Determine that the resident continues to be appropriate for treatment in the program and that the resident is sufficiently stable and safe in the program.
- Ensure that the resident is making progress in the program, as measured by progress towards established treatment goals.
- Employ consistent and standardized procedures for treatment planning while considering the individual situation of each resident.
- Justify the decision to terminate treatment for a resident who becomes inappropriate for continued stay in the program.
- Evaluate the resident's readiness to complete the program.
- Provide information for developing aftercare and discharge plans.

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7. What are Discharge Patient Placement Criteria with Outcome Measures?

This form is completed for all clients, regardless of the type of discharge. For those clients completing treatment the Discharge Criteria are used to determine that the resident is ready to complete Residential Recovery Program and be referred to the next level of care. The most important factor in determining this readiness is the progress the resident has made toward meeting his or her individualized treatment goals. The purpose of the Discharge Criteria is to present some commonly accepted treatment goals that are easily measurable and meet the guidelines of State and Federal funding agencies, while also acknowledging the unique nature of every treatment program. For those residents who have not completed treatment, the Discharge PPC with Outcome Measures are used to evaluate their status at the time of discharge.

The Discharge Criteria can be used to:

- Assess the resident's readiness to complete the program.
- Ensure that the resident has met or is about to meet the goals of the his/her treatment plan.
- Employ consistent and standardized procedures for discharge planning, while considering the uniqueness of each resident.
- Justify the decision to discharge the resident if the resident fails to meet the goals of the program, leaves the program, relapses, or becomes inappropriate for the program or level of care.
- Examine the resident's issues and needs for services and match them to aftercare programs that can most appropriately serve them, e.g., housing, outpatient counseling, or other services.

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8. What are outcomes measures?

Measuring outcomes answers two questions:

- Does your program make a difference in the lives of residents?
- How can you change your program to improve services to your residents?

By measuring outcomes, you can find out what works in your program, what does not work as well, and what elements might be missing. For example, if outcome data indicates that a large percentage of graduates are leaving the program with employment or other vocational goals unmet, it might indicate a need to strengthen those areas of the program. In a similar fashion, looking at the average length of stay for voluntary or relapse discharges may suggest a key period of time for the provision of additional treatment or relapse prevention services.

- Measuring outcomes can show consumers, payers, organizational and community representatives, and program staff that treatment works and how it works.
- Outcome measures may indicate that treatment in Residential Recovery Programs is cost effective.
- Measuring outcomes allows you to identify specific areas in which small expenditures of resources can produce significant results.
- Outcome data can improve the quality of grant and contract proposals and ensure that the program is in compliance with government, payer and stakeholder requirements for data collection and documenting program performance and clinical results.

Measuring outcomes can pay off right away by giving you a better idea of what is happening in your program. Outcome measurement can also provide long-term benefits by identifying program and agency strengths and opportunities for improvement, justifying the expansion of services as well as targeting educational and training goals for staff and residents.

Notes: _____

SECTION II

Residential Recovery Program Patient Placement Criteria

Brief Description of Treatment Level and

Programmatic Descriptions:

Recovery Home
Social Model Recovery Home
Therapeutic Community

Residential Recovery Program:

Admission Criteria
Continuing Care Criteria
Discharge Criteria

Recovery Home

Brief Description of Treatment Level: Recovery Home

A Recovery Home is a transitional residence for men and women, eighteen years of age and older, who are in the early stages of substance abuse recovery. Recovery Homes provide a home-like atmosphere in which recovering alcoholics and drug addicts receive individual and/or group counseling, educational and vocational training, and support that helps residents to return to independent, drug-free living in the community. All programs are staffed seven days a week, twenty-four hours a day. Length of stay in a Recovery Home is variable.

Programmatic Description: Recovery Home

1. Setting

- a. An appropriately licensed, community based, professional residential setting.

2. Support Systems

- a. Availability of specialized professional consultation and supervision.
- b. Availability of a physician and/or other emergency services by telephone 24 hours a day, seven days a week.
- c. Access to more intensive levels of care, as clinically indicated.
- d. Availability of other support systems to enhance residential services:
 - Emergency medical and psychiatric back-up through current documented affiliations with hospitals and mental health services.
 - Primary care services through affiliations with community health centers and other community medical facilities.
 - Vocational and educational programming.
 - Other necessary support for specific populations.

3. Staff

- a. Facility approved recovery staff provide services, supervision and training.
- b. Twenty-four (24) hour coverage by on-site staff.
- c. Staff have knowledge of the recovery process.
- d. Staff have the ability to nurture a recovery environment that promotes a culture of recovery between and among program participants.

4. Treatment (Counseling or Therapy) Components

Program staff support a safe and secure environment for early recovery from alcoholism and/or drug addiction by providing individual treatment planning and treatment plan reviews, individual and/or group counseling or therapy, referral to medical and other community resources, aftercare planning, and follow-up services.

- a. Individual and group counseling and/or therapy are provided.
- b. Medical, psychological, and psychiatric services are provided through affiliations with community based agencies.
- c. HIV/AIDS education and education about blood borne pathogens are included in substance abuse education components of the program.
- d. Individual treatment plans and updates are designed for maximum support for the resident's recovery and address relapse prevention issues.
- e. Family counseling and/or therapy is provided, as indicated.
- f. Cooperation with court, probation, parole, and other representatives of the criminal justice system to facilitate the resolution of legal issues and monitor compliance.
- g. Discharge planning is provided and includes aftercare counseling, housing, employment, support group involvement, and follow-up.
- h. Educational, recreational, vocational, and rehabilitative services are provided by staff or affiliated agencies and programs.
- i. Peer support is an essential element of Recovery Home treatment. Peer support may include formal peer-led educational and therapy groups, as well as peer-led self-help meetings. Informal peer-led program components may include job seeking, confrontation about behaviors and attitudes, and sharing experiences gained through substance abuse treatment and participation in the recovery process. Peer support components may also include staff direction and involvement.

5. Assessment/Treatment Plan Review

- a. Individual, comprehensive biopsychosocial assessment.
- b. A substance abuse treatment plan is formulated within 30 days of admission. The treatment plan includes input from a substance abuse counselor and the resident, and is signed by both parties. Treatment plans may include issues in addition to alcoholism and drug addiction, but substance abuse issues must be prioritized.
- c. Assessment and treatment plans consist of the following: initial biopsychosocial assessment, treatment plans with measurable goals which are reviewed periodically, and at discharge.

6. Documentation

- a. Resident documentation includes:
 - Resident identifying information
 - Referral source
 - Presenting problem(s)
 - Biopsychosocial assessment
 - Physical exam results, including TB test
 - Treatment/Service Plans and Periodic Reviews
 - Signed and dated progress notes
 - Aftercare plans
 - Discharge Summary
 - Documentation of follow-up activities
 - All necessary authorizations and consents
 - MIS Admission and Discharge Forms
 - Resident financial information
 - Client rights and responsibilities
 - House contract
 - Self preservation test

Social Model Recovery Home

Brief Description of Treatment Level: Social Model Recovery Home

A Social Model Recovery Home is a transitional residence for men and women eighteen years of age and older, who are in the early stages of substance abuse recovery. Social Model Recovery Homes provide a lightly structured, drug free environment. This supportive environment is maintained through twenty-four hour staffing and case management services. The emphasis is placed on assisting residents to provide one another with a culture of recovery, support, sharing, and positive peer role modeling. The length of stay in a Social Model Recovery Home is variable.

Programmatic Description: Social Model Recovery Home

1. Setting

- a. An appropriately licensed, community based professional residential setting.

2. Support Systems

- a. Availability of specialized professional consultation and supervision.
- b. Availability of a physician and/or other emergency services by telephone 24 hours a day, seven days a week.
- c. Access to more intensive levels of care as clinically needed.
- d. Availability of other support systems to enhance residential services:
 - Emergency medical and psychiatric back-up through affiliations with hospitals and mental health services.
 - Primary care services through affiliations with community health centers and other community medical facilities.
 - Vocational and educational programming
 - Other necessary support for specific populations.

3. Staff

- a. Facility approved recovery staff to provide services, supervision and training.
- b. Twenty-four (24) hour coverage by on-site staff.
- c. Recovery staff have experiential knowledge of the recovery process.
- d. Recovery staff have the ability to provide a nurturing environment that promotes a culture of recovery between and among program participants.

4. Approaches to Recovery

- a. The foundation of social model programming lies within the culture of abstinence and group membership.
- b. Recovery services in a Social Model Recovery Home are realized through the community of staff, volunteers and residents.
- c. Individual counseling occurs informally between residents and staff, residents and volunteers, or residents and residents.
- d. Group meetings are formally scheduled and structured in the day. Group services are also developed to address issues that are identified by residents, staff, or volunteers.
- e. Other services provided in this recovering environment are case management, psycho-education, recreational activities, crisis management, and prevention/risk management.

5. Assessment/Service Plan Review

- a. Individual, comprehensive biopsychosocial assessment.
- b. Individual residential service plans are developed by residents with assistance from staff, volunteers or other resident. Service plans include: problem formulation, recovery goals, and measurable recovery objectives. Service plans are directed toward preventing future substance abuse and related problems, strengthening resident protective factors, and preparation for independent living.
- c. Assessment and service plans consist of the following: initial biopsychosocial assessment, and service plans with measurable goals which are developed within the first 30 days and reviewed at a minimum of 90 day intervals, and at discharge.

6. Documentation

- a. Client documentation includes:
 - Resident identifying information
 - Referral source
 - Presenting problem(s)
 - Biopsychosocial assessment
 - Physical exam results, including TB test
 - Service Plans and Periodic Reviews
 - Aftercare plans
 - Discharge Summary
 - Documentation of follow-up activities
 - All necessary authorizations and consents
 - MIS Admission and Discharge Forms
 - Resident financial information
 - Client rights and responsibilities
 - House contract
 - Self preservation test

Therapeutic Community

Brief Description of Treatment Level

A Therapeutic Community is a transitional residence for men and women eighteen years of age and older, who are in the early stages of substance abuse recovery. Therapeutic Communities provide a highly structured environment with defined social and ethical boundaries. Both residents and staff act as facilitators, emphasizing personal responsibility for one's life and for self-improvement. The residents, with staff support, share in meaningful labor resulting in an investment in the whole community. Residents play a significant role in managing the Therapeutic Community, acting as positive role models for others. The length of treatment in a Therapeutic Community is variable.

Programmatic Description

1. Setting

- a. An appropriately licensed, community based, professional residential setting.

2. Support Systems

- a. Availability of specialized professional consultation and supervision.
- b. Availability of a physician and/or other emergency services by telephone 24 hours a day, seven days a week.
- c. Access to more intensive levels of care as clinically needed.
- d. Availability of other support systems to enhance residential services:
 - Emergency medical and psychiatric back-up through affiliations with hospitals and mental health services.
 - Primary care services through affiliations with community health centers and other community medical facilities.
 - Vocational and educational programming
 - Other necessary support to specific populations.

3. Staff

- a. Facility approved staff provide services, supervision and training.
- b. Twenty-four (24) hour coverage by on-site staff.
- c. Staff have knowledge of the recovery process.
- d. Staff have the ability to provide a nurturing environment that promotes a culture of recovery between and among program participants.

4. Therapies

- a. Community imposed sanctions and penalties, as well as earned advancement of status and privilege, are employed as part of the recovery and growth process.
- b. Individual and group counseling and/or therapy are provided.
- c. The responsibility for job functions within the Therapeutic Community is shared by residents to encourage an investment in their recovery.
- d. Peer pressure is utilized to convert criticism and personal insights into positive behavioral change. High expectations and high commitment from both residents and staff support this change.

5. Assessment/Treatment Plan Review

- a. Individual, comprehensive biopsychosocial assessment.
- b. A substance abuse treatment plan is formulated within 30 days of admission. The treatment plan includes input from a substance abuse counselor and resident, and is signed by both parties. Treatment plans may include issues in addition to alcoholism and drug addiction, but substance abuse issues must be prioritized.
- c. Assessment and treatment plans consist of the following: initial biopsychosocial assessment, and treatment plans with measurable goals which are developed within the first 30 days and reviewed periodically, and at discharge or transfer.

6. Documentation

- a. Client documentation includes:
 - Resident identifying information
 - Referral source
 - Presenting problem(s)
 - Biopsychosocial assessment
 - Physical exam results, including TB test
 - Treatment/Service Plans and Periodic Reviews
 - Signed and dated progress notes
 - Aftercare plans
 - Discharge Summary
 - Documentation of follow-up activities
 - All necessary authorizations and consents
 - MIS Admission and Discharge Forms
 - Resident financial information
 - Client rights and responsibilities
 - House contract
 - Self preservation test

Residential Recovery Program Admission Criteria

Overview

Consideration for admission to the Residential Recovery Program level of care requires that an individual is not at risk of physical withdrawal and is assessed with an alcohol and/or other drug abuse/dependency disorder based on established diagnostic criteria outlined below. A prospective client must be medically and behaviorally stable, must be able to comply with the program rules, participate in treatment planning and be at high risk for relapse.

Dimensional Admission Criteria

Note: If a client does not meet the criteria for admission to a Residential Recovery Program, he or she should be referred to an appropriate level of care in the treatment continuum.

1. Acute Intoxication and/or Withdrawal

- a. The client meets the admission criteria for this dimension as evidenced by one or more of the following indicators:
 - Clean urine screens
 - Stable vital signs
 - Documented verification of detoxification
 - Staff observation
 - Self report of recent abstinence

2. Biomedical Stabilization

- a. The client meets the admission criteria in this dimension if their biomedical condition is sufficiently stable to allow the client to participate in the essential components of a Residential Recovery Program environment.

3. Behavioral Stabilization

- a. The client meets the criteria in this dimension if he or she is sufficiently stable to prevent behaviors which put his/herself or others at risk. The client meets all criteria under this dimension if he or she is able to:
 - Comprehend and understand the information presented during the intake processes.
 - Appropriately complete the self preservation test.
 - Be able to fully participate in the residential treatment process.

4. Treatment Acceptance/Resistance

- a. The client meets the admission criteria in this dimension as evidenced by the following indicators:
- Agreement to abstain from alcohol and/or non-prescribed psychoactive substances.
 - Willingness to contract to follow the rules and policies of the program.
 - Agreement to participate in an environment that promotes recovery through peer interaction, counseling and educational forums.

5. Relapse Potential

- a. The client meets the admission criteria in this dimension if he or she demonstrates a high risk for relapse as evidenced by at least one of the following indicators:
- Lack of awareness of relapse triggers
 - Ambivalence toward treatment
 - Difficulty postponing immediate gratification
 - Preoccupation with alcohol and/or other drugs
 - History of multiple treatments
 - History of relapse

6. Recovery Environment

- a. The client meets the criteria for admission in this dimension if he or she demonstrates a need for structure and support to address early blocks to recovery. This need is evidenced by one of more of the following indicators:
- Client is engaged in behavior or occupation in which recovery is unlikely.
 - Recovery is jeopardized by lack of social and sober contacts.
 - Family members and/or significant others are not supportive of recovery goals or passively opposed to recovery.
 - Client lives in an environment that is a threat to the attainment of abstinence.

7. Diagnosis

The resident meets the criteria for alcohol and/or drug abuse/dependence as defined by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM IV) or other commonly accepted diagnostic criteria. The current diagnosis may be modified by the qualification "in remission."

Residential Recovery Program Continuing Care Criteria

Overview

A resident is eligible for continuing care in a Residential Recovery Program if he or she continues to meet the diagnostic and dimensional criteria outlined in this section. The resident must be making progress in his or her reintegration into society, as measured by: participation in the Residential Recovery Program, assuming responsibility for medical, psychological, and behavioral conditions; and recognizing relapse triggers and patterns. In addition to compliance with treatment and the ability to participate in this level of care, there must be a strong possibility of relapse if continuing care in a highly structured Residential Recovery Program is discontinued.

Continuing Care Dimensional Criteria

1. Acute Intoxication and/or Withdrawal Potential

- a. The resident meets the continuing care criteria for this dimension as evidenced by one or more of the following indicators:
 - Clean urine screens
 - Stable vital signs
 - Documented verification of detoxification
 - Staff observation
 - Self report of recent abstinence

2. Biomedical Stabilization

- a. The resident meets the continuing criteria for biomedical stabilization if both of the following are met:
 - The resident's biomedical condition is sufficiently stable to allow participation in the essential components of a Residential Recovery Program.
 - The resident is able and willing to assume responsibility in the areas of personal care and medical treatment and to comply with the prescribed course of treatment.

3. Behavioral Stabilization

- a. The resident meets the continuing care criteria in the behavioral stabilization dimension if his or her behavior continues to be manageable in the Residential Recovery Program environment as evidenced by all of the following indicators:
 - Compliance with the rules of the program,
 - Motivation to make progress toward the program and personal goals as articulated in the treatment or service plan,
 - Willingness to make changes in behavior in response to corrective actions, and
 - Demonstrated recovery based social functioning with community, peers, and staff.

4. Treatment Acceptance/Resistance

- a. The resident meets the criteria for continuing care in the dimension of treatment acceptance/resistance as evidenced by all of the following indicators:
 - Participation in the Residential Recovery Program milieu,
 - Making behavioral changes necessary for recovery, as indicated in the treatment or service plan, and
 - Complying with the rules and policies of the program.

5. Relapse Potential

- a. The continuing care criteria in this dimension reflect the high relapse potential of Residential Recovery Program residents. The resident continues to be at risk relapse if transferred to a lower (less structured) level of care but is demonstrating the ability to reduce the potential for relapse as evidenced by the following indicators:
 - Ability to identify relapse triggers,
 - Development of alternative coping skills necessary to maintain recovery.

6. Recovery Environment

- a. The resident meets the continuing care criteria for this dimension by using the Residential Recovery Program to increase recovery potential, as evidenced by at least one of the following indicators:
 - Planning for, and participating in, occupations and/or activities in which recovery is supported.
 - Building a support network in the treatment program and in the community.
 - Working with staff to ensure a safe post-discharge environment.
 - Developing an aftercare plan that promotes recovery.

7. Diagnosis

The resident continues to meet the criteria for alcohol and/or drug abuse/dependence as defined by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM IV) or other commonly accepted diagnostic criteria. The current diagnosis may be modified by the qualification "in remission."

Residential Recovery Program Discharge Criteria

Overview

The resident is eligible for discharge from a Residential Recovery Program if he or she has met the dimensional and diagnostic criteria outlined below.

Dimensional discharge criteria address the treatment goals of the resident and the treatment program and may be applied in several ways:

- The resident has made progress in meeting individual and programmatic goals, and is ready to move to a less intensive modality, such as graduate housing, sober home, or independent living with the continued support of self-help groups and/or outpatient counseling (MIS Discharge Category: Program Completion).
- The resident fails to benefit from a Residential Recovery Home environment and is best served by discharge with referral to another level of care. The reasons for this type of discharge may include:
 - ◇ Hospitalization for medical or psychiatric services (MIS Discharge Category: Hospitalized)
 - ◇ A need for behavioral stabilization or further assessment (MIS Discharge Category: Inappropriate/Referred)
 - ◇ Involuntary termination due to the client's inability to participate in the program and/or follow program rules (MIS Discharge Category: Non-compliance/administrative)
 - ◇ Death (MIS Discharge Category: Died)
 - ◇ Incarceration (MIS Discharge Category: Incarcerated)
 - ◇ Voluntary departure from the program (MIS Discharge Category: Dropout)

Diagnostic criteria may be applied in two ways. Either the resident is currently in a stage of remission from alcohol and/or drug dependence and no longer requires this level of care, or the resident has relapsed into active drug and/or alcohol use and requires discharge (transfer) to a more intensive level of care.

Dimensional Discharge Criteria

1. Acute Intoxication and/or Withdrawal Potential

- a. The resident meets the discharge criteria in this dimension as evidenced by one or more of the following indicators:
 - Clean urine screens
 - Stable vital signs
 - Staff observation
 - Self-report of recent abstinence

If the client meets the criteria listed above, the MIS Discharge will be categorized as a "Program Completion."

If the resident fails to meet one or more of the indicators listed above, he or she may be eligible for discharge for failing to benefit from the Residential Recovery Program environment. This type of discharge would be noted on the MIS Discharge Form as "Relapse."

2. Biomedical Stabilization

- a. The resident meets the criteria for discharge in this dimension if both of the following conditions are met:
 - The resident's biomedical condition is sufficiently stable to have allowed participation in the Residential Recovery Program.
 - The resident has assumed responsibility in the areas of personal care and medical treatment and has complied with the prescribed course of treatment.

If the client meets the criteria listed above, the MIS Discharge will be categorized as a "Program Completion."

If the resident does not meet both of these criteria, he or she may be discharged from the Residential Recovery Program. The MIS discharge category may be either "Inappropriate" or "Hospitalization."

3. Behavioral Stabilization

- a. The resident meets the criteria for discharge in this dimension if his or her behavior has been manageable in the Residential Recovery Program environment as evidenced by the following indicators:
 - Demonstrated compliance with the rules of the program.
 - Motivation to make progress toward program and personal goals as articulated in the service/treatment plan.
 - Demonstrated willingness to make changes in behavior in response to corrective actions, if applicable.
 - Demonstrated recovery based social functioning in the community, with peers and with staff.

If the client meets the criteria listed above, the MIS Discharge will be categorized as a "Program Completion."

If the resident does not meet one or more of the above criteria, he or she may be eligible for discharge which could be recorded as "Non-Compliance/Administrative", "Inappropriate," or "Assessment" on the MIS Discharge Form.

4. Treatment Acceptance/Resistance

- a. The resident meets the criteria in this dimension of treatment as evidenced by all of the following indicators:
 - Participated in the Residential Recovery Program environment that promotes recovery through peer interaction, counseling and educational forums.
 - Changed behaviors, as necessary, to promote the recovery process.
 - Complied with the rules and policies of the program.

If the client meets the criteria listed above, the MIS Discharge will be categorized as "Program Completion."

If the resident has not met all of the criteria listed above, he or she may be eligible for discharge. The MIS discharge will be categorized as "Non-Compliance/Administrative," "Inappropriate" or "Assessment."

5. Relapse Potential

- a. The resident meets the criteria in this dimension by having demonstrated the ability to reduce the potential for relapse as evidenced by both of the following indicators:
 - Identification of relapse triggers
 - Development of alternative coping skills necessary to maintain recovery

If the client meets the criteria listed above, the MIS Discharge will be categorized as "Program Completion."

If a resident is unable to meet both the criteria listed above, he or she may be eligible for continuing care in the Residential Recovery Program to continue to address relapse prevention or may be discharged to another level of care.

6. Recovery Environment

- a. The resident meets the criteria for discharge in this dimension by having utilized the Residential Recovery Program treatment environment to increase recovery potential as indicated by at least one of the following indicators:
 - Development of post-discharge activities or occupation in which recovery is supported.
 - Establishment of a support network in the treatment program and in the community.
 - Working to ensure a safe post-discharge environment.

If the client meets the criteria listed above, the MIS Discharge will be categorized as "Program Completion."

If the resident has not been able to meet one or more of the criteria listed above, he or she may be eligible for continuing care in the Residential Recovery Program environment or may be discharged to another level of care.

7. Diagnosis

The resident continues to meet the criteria for alcohol and/or drug abuse/dependence as defined by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM IV) or other commonly accepted diagnostic criteria. The current diagnosis may be modified by the qualification "in remission."

SECTION III

Residential Recovery Program Patient Placement Criteria Checklist Instructions

DATE _____	Residential Recovery Program Admission Criteria Checklist		
CLIENT NAME _____			
MIS # _____			
ADMISSION DATE _____			
Section 1: Acute Intoxication and/or Withdrawal Potential			
<i>A "yes" response on any of the starred items indicates that the resident is not acutely intoxicated or risk for physical withdrawal at the point of admission. A "no" response on any of the starred items indicates that the resident is acutely intoxicated or at risk of physical withdrawal at the point of admission and indicates the need for a more intensive level of care.</i>			
The client is not at risk of physical withdrawal as evidenced by AT LEAST ONE of the following:			
	YES	NO	N/A
1a. Clean urine screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Stable vital signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Documented verification of detoxification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Staff observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. Self report of no recent drug or alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 2: Biomedical Stabilization			
<i>A "yes" response is based on a program's determination that the client is medically stable enough to participate in what the program considers to be its most "essential components."</i>			
	YES	NO	
2a. The client's biomedical conditions, if any, are sufficiently stable as evidenced by the ability to participate in the essential components of a residential substance abuse program.	<input type="checkbox"/>	<input type="checkbox"/>	
Section 3: Behavioral Stabilization			
<i>Any "yes" response in this dimension indicates the need for the client to be in the safe recovery environment of a Residential Recovery Program.</i>			
	YES	NO	
3a. The client's behavioral conditions, if present, are sufficiently stable to prevent behaviors which put themselves or others at risk.	<input type="checkbox"/>	<input type="checkbox"/>	
<small>RRP Admission Criteria Checklist Page 1</small>			

Overview Admission Criteria

Consideration for admission to a Residential Recovery Program requires that an individual is not at risk of physical withdrawal and is assessed with an alcohol and/or other drug abuse/dependency disorder based on established criteria outlined below. A prospective client must be medically and behaviorally stable, able to comply with the program rules, and participate in treatment planning, and be at high risk for relapse.

- **Complete All Items**
- **Check "Not Available" if this information is not available at the time the form is completed.**

Time Frame: Within first 30 days

See appendix I for larger forms

Instructions

Section 1: Acute Intoxication and/or Withdrawal Potential

A variety of criteria for measuring risk of physical withdrawal were developed. Any "yes" response will indicate that the client is not at risk for physical withdrawal. Any "no" response indicates the need for a more intensive level of care.

Section 2: Biomedical Stabilization

Key phrases to consider under this dimension are "sufficiently stable" and "essential components." A "yes" response is based on a program's determination that the client is medically stable enough to participate in what the program considers to be its most "essential components."

Section 3: Behavioral Stabilization

This dimension addresses the client's behavioral status. The primary consideration under this dimension is the safety of the potential client, other residents, staff and volunteers. The checklist tool has operationalized elements of emotional status to be observable and measurable by the staff completing the checklist. Any "no" response in the Admission, the Behavioral Stabilization Dimension indicates the need for a more intensive level of care.

DATE _____/_____/_____ CLIENT NAME _____ MIS # _____ ADMISSION DATE _____/_____/_____	Residential Recovery Program Continuing Care Criteria Checklist
Section 1: Acute Intoxication and/or Withdrawal Potential	
<i>Any "yes" response will indicate that the client is not at risk for physical withdrawal. Any "no" response on the continuing care criteria indicates the need for a more intensive level of care.</i>	
The resident is not acutely intoxicated or at risk of physical withdrawal as evidenced by AT LEAST ONE of the following:	
	YES NO N/A
1a. Clean urine screens	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1b. Stable vital signs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1c. Staff observation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1d. Self report of no recent drug or alcohol abuse	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Section 2: Biomedical Stabilization	
<i>Any "no" response in this dimension indicates the need for a more intensive level of care.</i>	
	YES NO N/A
2a. The resident's biomedical condition, is sufficiently stable as evidenced by the ability to participate in the essential components of a residential substance abuse program, AND	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2b. The resident is demonstrating responsibility in matters of personal health care and is complying with prescribed course(s) of treatment.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Section 3: Behavioral Stabilization	
<i>Any "no" response in this dimension indicates the need for a more intensive level of care that will address behavioral issues.</i>	
The resident's behavioral conditions, and the achievements of recovery goals have been evidenced by the following:	
	YES NO N/A
3a. Complied with the rules of the program, AND	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3b. Progressed in achieving goals established in the treatment/service plan, AND	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<small>RRP Continuing Care Criteria Checklist Page 1</small>	

See appendix II for larger forms

Continuing Care Criteria

A resident is eligible for continuing care in a Residential Recovery Program if he or she continues to meet criteria outlined in this section. The resident must be making progress in his or her reintegration into society, as measured by: participation in the Residential Recovery Program; assuming responsibility for medical, psychological, and behavioral conditions; and recognizing relapse triggers and patterns. In addition to compliance with program rules and the ability to fully participate in this level of care, there must be a strong possibility of relapse if continuing treatment in a highly structured Residential Recovery Program is discontinued.

- **Complete All Items**
- **Check "Not Available" if this information is not available at the time the form is completed.**

Time Frame: After 30 days and/or during treatment/service plan reviews.

Instructions

Section 1: Acute Intoxication and/or Withdrawal Potential

Any "yes" response will indicate that the client is not at risk for physical withdrawal. Any "no" response indicates the need for a more intensive level of care.

Section 2: Biomedical Stabilization

Any "no" response in the Biomedical Stabilization Dimension indicates the need for a more intensive level of care.

Section 3: Behavioral Stabilization

This dimension addresses the client's behavioral status. The primary consideration under this dimension is the safety of the client, other residents, staff and volunteers. Any "no" response in the Behavioral Stabilization Dimension indicates the need for a more intensive level of care.

Notes: _____

Overview

Discharge Criteria with Outcome Measures

The resident is eligible for discharge from a Residential Recovery Program if he or she has met the Discharge PPC outlined below.

These Discharge PPC are intended to be used for those clients who complete the program or those who leave treatment prematurely and address the progress the resident has made towards his or her treatment goals.

- 1. The resident has made progress toward meeting individual treatment goals, and is ready to move to a less intensive level of care, such as graduate housing, sober housing, or independent living with the continued support of self-help groups, outpatient counseling, or other social services. (MIS Discharge Category: Program Completion)*
- 2. The resident has failed to benefit from a Residential Recovery Home environment and is best served by discharge with referral to another level of care. The reasons for this type of discharge may include:*
 - Hospitalization for medical or psychiatric services (MIS Discharge Category: Hospitalized)*
 - A need for behavioral stabilization or further assessment (MIS Discharge Category: Inappropriate/Referred)*
 - Involuntary termination due to the client's inability to participate in the program and/or follow program rules (MIS Discharge Category: Non-compliance/administrative)*
 - Death (MIS Discharge Category: Died)*
 - Incarceration (MIS Discharge Category: Incarcerated)*
 - Voluntary departure from the program (MIS Discharge Category: Dropout)*

Outcome measures are designed to capture the results of a client's experience in a Residential Recovery Program and have been integrated into the Discharge PPC Checklists. These measures are indicated by an asterisk ().*

- Complete All Items**
- Check "Not Available" if this information is not available at the time the form is completed.**
- Time Frame: At the time of discharge.**

*2e	Resident has begun the practice of health promotion activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 2f	Resident has participated in health education groups, such as HIV education, smoking cessation, nutrition, stress management, prenatal/postpartum.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 2g	Other (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 3: Behavioral Stabilization				
<i>Engagement in behaviors that are consistent with recovery goals are the outcome measures identified under this dimension. A minimum of one "no" response in items 3a through 3d indicates the need for a more intensive level of care that will address behavioral issues. Check all the starred items that indicate behavior change up to and including the point of discharge.</i>				
The resident's behavioral conditions, and the achievement of recovery goals have been evidenced by the following:				
		YES	NO	
3a	Resident has complied with the rules of the program, AND	<input type="checkbox"/>	<input type="checkbox"/>	
3b	Resident has progressed in achieving goals established in the treatment/service plan, AND	<input type="checkbox"/>	<input type="checkbox"/>	
3c	Resident has changed behaviors in response to corrective action measures (if applicable), AND	<input type="checkbox"/>	<input type="checkbox"/>	
3d	Resident has demonstrated recovery based social functioning with community, staff, and peers.	<input type="checkbox"/>	<input type="checkbox"/>	
Behaviors consistent with behavioral stabilization may include one or more of the following outcome measures:				
* 3e	Abstains from illicit and non-prescribed drugs and alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 3f	Abstains from illegal behavior (not including illegal drug use).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 3g	Addresses pending legal issues (as appropriate).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 3h	Addresses bad debts and financial obligations (as appropriate).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 3i	Changes other behavior in compliance with treatment/service plan. Please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 3j	Other (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 4: Treatment Acceptance/Resistance				
<i>Any "no" response in this dimension indicates that the client does not accept treatment and provides documentation that the resident is no longer appropriate for placement in a Residential Recovery Program.</i>				
		YES	NO	
4a	The resident has participated in a recovery home environment that promotes recovery through peer interaction, counseling and educational forums, AND	<input type="checkbox"/>	<input type="checkbox"/>	

Section 5: Relapse Potential				
<i>Adoption of behaviors that are likely to reduce relapse potential are the outcome measures under this dimension. Any "yes" response in items 5a or 5b indicates that relapse potential has been reduced in the Residential Recovery Home setting, and the need for a structured residential program to address relapse potential has been eliminated. Check all the starred items that indicate behavioral change on the part of the resident at the point of discharge.</i>				
The resident's relapse potential has been reduced by participation in residential treatment as evidenced by:				
		YES	NO	
5a	Identification of relapse triggers, AND	<input type="checkbox"/>	<input type="checkbox"/>	
5b	The development of alternative coping skills necessary to maintain recovery.	<input type="checkbox"/>	<input type="checkbox"/>	
Behaviors consistent with a reduction in relapse potential may include one or more of the following outcome measures:				
		YES	NO	N/A
* 5c	Membership in 12-Step or other self-help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 5d	Relaxation and/or meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 5e	Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 5f	Other (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 6: Recovery Environment				
<i>Employment status, recovery supports, housing, and a safe post-discharge environment are the outcome measures identified under this dimension. Check all of the starred items that indicate the impact of the residential recovery program on the development of a positive recovery environment. Any "yes" response in items 6a, 6g, or 6p indicates that the resident is increasing or has increased his/her recovery potential by the development of plans for a safe post-discharge environment.</i>				
		YES	NO	
6a	The resident has increased recovery potential by participating in the development of plans for the development of a post-discharge occupation or activities in which recovery is supported.	<input type="checkbox"/>	<input type="checkbox"/>	
Behaviors consistent with an increased recovery potential may include one or more of the following outcome measures:				
		YES	NO	N/A
* 6b	Paid full time employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 6c	Paid part time employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 6d	Unpaid full time employment (Example: volunteer position).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 6e	Unpaid part time employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 6f	Other (Examples: childcare/homemaker, education, vocational training). (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

See appendix III for larger forms

Instructions

Section 3: Behavioral Stabilization

This dimension addresses the client's behavioral status. The primary consideration under this dimension is the safety of the potential client, other residents, staff and volunteers. Any "no" response on items 3a - 3d the Behavioral Stabilization Dimension indicates the need for a more intensive level of care. Items *3e - *3j are the outcome measures in this dimension.

Section 4: Treatment Acceptance/Resistance

This dimension focuses on a client's acceptance of resistance to treatment, not their acceptance/resistance of their disease. A no response under this dimension indicates that the client does not accept treatment.

Notes:

SECTION IV DATA COLLECTION SECTION

Introduction

As BSAS, providers, and QIC roll out the Massachusetts Residential Patient Placement Criteria Checklists with Outcome Measures forms, data collection, entry, and dissemination strategies are being developed. Initially, we will collect, analyze and report data from the Discharge PPC Checklist with Outcome Measures. Ideally, BSAS will develop a data system that will link these data with Substance Abuse Management Information System (SAMIS.) We hope that this SAMIS-linked data system for the Discharge Criteria Checklist with Outcome will be available July 1, 1999, the beginning of fiscal year 2000.

Data collection and entry system will be managed by Health and Addictions Research (HAR), as part of our research and data analysis work for BSAS.

Data Collection

1. Providers will complete the Discharge PPC Checklist with Outcome Measure for each client discharged from their program, according to the established protocol.
2. Providers will batch the Discharge Criteria Checklist with Outcome forms and submit them monthly by the 10th of each month as follows:

Month Discharge PPC Checklist with Outcome Measures Forms are Completed	Submit by:
February, 1999	March 10, 1999
March, 1999	April 10, 1999
April, 1999	May 10, 1999
May, 1999	June 10, 1999
June, 1999	July 10, 1999

Please submit the forms to:

Department of Public Health
Bureau of Substance Abuse Services
250 Washington Street
3rd floor - **ROMT**
Boston, MA 02108
617-624-5118

Data Cleaning and Entry

As part of our work with BSAS, HAR will review the forms submitted by providers and develop a data system for entry and analysis. We will check and enter the data collected from February 1st, 1999 through June 30, 1999.

Data Reporting and Dissemination

HAR will prepare a draft format of a quarterly report by April, 1999. We will share this draft report with BSAS and the ROMT for feedback. We will then run an initial report using the data from February through June by August, 1999. Thereafter, we anticipate a quarterly provider reporting system.

SECTION V

Glossary of Terms

1. **Acute Intoxication and/or Withdrawal Potential** - A category to be considered in client/patient placement, continued stay and discharge criteria. This dimension evaluates patient/client's current status of intoxication and potential for withdrawal complications as it impacts on level of care decision making. Historical information about client/patient withdrawal patterns may also be considered.
2. **Admission** - The point at which the individual is accepted for treatment.
3. **Admission Criteria** - Specific criteria to be considered in determining appropriate client/patient placement and resultant referral to a level of care. Criteria are organized into six categories: Acute Intoxication and/or Withdrawal Potential, Biomedical Condition and/or Complications, Emotional/Behavioral Conditions and/or Complications, Treatment Resistance/Acceptance Relapse Potential, and Recovery Environment.
4. **Behavioral Conditions and/or Complications** - A category to be considered when evaluating client/resident's current emotional/behavioral status as it impacts level of care decision making. Emotional/Behavioral status may include, but is not limited to, anxiety, depression, impulsively, and guilt and the behavior that accompanies or follows these emotional states. Historical information client/patient emotional/behavioral functioning may also be considered.
5. **Biomedical Condition and/or Complications** - The dimension evaluates client/resident's current physical condition as it impacts on level of care decision making. Historical information on client/resident's medical/physical functioning may also be considered.
6. **Continued Stay Criteria** - Specific criteria to be considered in determining appropriate client/resident's placement for continued stay at a level of care and/or referral to a more appropriate level of care. Criteria vary in intensity and are organized into six categories: Acute Intoxication and/or Withdrawal Potential, Biomedical Conditions and/or Complications, Emotional/Behavioral Conditions and/or Complications, Treatment Resistance/Acceptance, Relapse Potential, and Recovery Environment.
7. **Diagnosis (Substance Abuse/Addiction)**- The determination of drug or alcohol dependence or psychoactive substance use disorder as defined by current DSM criteria or by other standardized and widely accepted criteria. In instances where client/patient self-report information is inadequate or suspect, collateral reports, e.g. from family members, legal sources, etc. may be considered.
8. **Dimension** - A term used in the American Society of Addiction Medicine (ASAM) and Massachusetts patient placement criteria to refer to one of six patient problem areas that must be assessed when making placement decisions.

- 9. Discharge Criteria** - Specific criteria to be considered in determining appropriate client/patient placement for discharge and/or referral to a different level of care. Criteria vary in intensity and are organized into six categories: Acute Intoxication and/or Withdrawal Potential, Biomedical Conditions and/or Complications, Emotional/Behavioral Conditions and/or Complications, Treatment Resistance/Acceptance, Relapse Potential, and Recovery Environment.
- 10. Level of Care** - General term that encompasses the different options for treatment that vary according to the intensity of the services offered.
- 11. Patient Placement Criteria (PPC)** - Standards of, or guidelines for, alcohol and other drug (AOD) abuse treatment that describe specific conditions under which patients should be admitted to a particular level of care (admission criteria), under which they should continue to remain in that level of care (continued stay criteria), and under which they should be discharged or transferred to another level (discharge/transfer criteria). PPC generally describe the settings, staff and services appropriate to each level of care and establish guidelines based on AOD diagnosis and other specific areas of patient assessment.
- 12. Recovery Environment** - This dimension evaluates client/resident's current recovery environment as it impacts on level of care decision making. Recovery environment may include, but is not limited to, current relationships and degree of support for recovery, current housing, employment situation, and availability of alternatives. Historical information on client's/patient's recovery environment may also be considered.
- 13. Relapse Potential** - This dimension evaluates client's/resident's current relapse potential as it impacts on level of care decision making. Relapse Potential may include, but is not limited to, current statements by client/patient about relapse potential, reports from others on potential for patient/client relapse and assessment by clinical staff. Historical information on client's/patient's relapse potential may also be considered.
- 14. Treatment Acceptance/Resistance** - A dimension that evaluates the client's/resident's current treatment acceptance/resistance as it impacts level of care decision making. Treatment acceptance/resistance may include, but is not limited to, current statements by client/patient about treatment acceptance/resistance, reports from others on client/resident's treatment acceptance/resistance and assessment by clinical staff of client/patient motivation. Historical information on client's/patient's treatment acceptance/resistance may also be considered.

APPENDIX 1

Admission Patient Placement Criteria Checklist

DATE	___/___/___
CLIENT NAME	_____
MIS #	_____
ADMISSION DATE	___/___/___

Residential Recovery Program

Admission Patient Placement Criteria Checklist

Please Complete All Items

Section 1: Acute Intoxication and/or Withdrawal Potential

Any "yes" response indicates that the resident is not acutely intoxicated or at risk of physical withdrawal at the point of admission. Any "no" response indicates that the resident is acutely intoxicated or at risk of physical withdrawal at the point of admission and indicates the need for a more intensive level of care.

The client is not at risk of physical withdrawal as evidenced by <u>AT LEAST ONE</u> of the following:	YES	NO	Not Available
1a. Clean urine screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Stable vital signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Verification of detoxification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Staff observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. Self report of no recent drug or alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Biomedical Stabilization

A "yes" response is based on a program's determination that the client is medically stable enough to participate in what the program considers to be its most "essential components."

	YES	NO
2a. The client's biomedical conditions, if any, are sufficiently stable as evidenced by the ability to participate in the essential components of a residential substance abuse program.	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Behavioral Stabilization

Any "yes" response in this dimension indicates the need for the client to be in a Residential Recovery Program.

	YES	NO	Not Available
3a. The client's behavioral conditions, if present, are sufficiently stable to prevent behaviors which put themselves or others at risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. The client is sufficiently oriented so that s/he: comprehends and understands the materials presented during the intake/screening process, AND can fully participate in the residential treatment process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Treatment Acceptance/Resistance

<i>Any "no" response in this dimension indicates that the client does not accept treatment.</i>			
The client's treatment acceptance is demonstrated by <u>ALL</u> of the following:	YES	NO	
4a. The client agrees to abstain from alcohol and/or non-prescribed psychoactive substances as evidenced by a willingness to contract to follow the rules and policies of the program, AND	<input type="checkbox"/>	<input type="checkbox"/>	
4b. The client agrees to participate in an environment that promotes recovery through peer interaction, counseling and educational forums.	<input type="checkbox"/>	<input type="checkbox"/>	
Section 5: Relapse Potential			
<i>Any "yes" response indicates significant risk for substance abuse relapse and the need for a structured residential setting.</i>			
The client's relapse potential is significant outside the residential setting as evidenced by <u>ONE OR MORE</u> of the following:	YES	NO	Not Available
5a. Lack of awareness of relapse triggers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. Ambivalence towards treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c. Difficulty postponing immediate gratification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5d. Preoccupation with alcohol and/or other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5e. History of multiple treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5f. History of relapse			
Section 6: Recovery Environment			
<i>Any "yes" response in this dimension indicates the need for the client to be in the safe recovery environment of a Residential Recovery Program.</i>			
	YES	NO	Not Available
6a. Client has engaged in behavior or occupation in which recovery is unlikely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. Recovery is jeopardized by lack of social and sober contacts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c. Client lives in an environment that is a threat to the attainment of abstinence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7: Diagnostic Criteria			
<i>The client is assessed as meeting the diagnostic criteria for a Psychoactive Substance Use Disorder as defined by the current Diagnostic and Statistical Manual of Mental Disorders (DSM) or other standardized, widely accepted criteria.</i>			
	YES	NO	Not Available
7a. The individual is assessed with an alcohol and/or other drug abuse and/or dependency disorder based on established diagnostic criteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Disposition

Staff Signature: _____

Date: ___/___/___

APPENDIX 2

Continuing Care Patient Placement Criteria Checklist

DATE	___/___/___
CLIENT NAME	_____
MIS #	_____
ADMISSION DATE	___/___/___

Residential Recovery Program

Continuing Care Patient Placement Criteria Checklist

Section 1: Acute Intoxication and/or Withdrawal Potential

Any yes response will indicate that the client is not at risk for physical withdrawal. Any "no" response indicates the need for a more intensive level of care.

The resident is not acutely intoxicated or at risk of physical withdrawal as evidenced by <u>AT LEAST ONE</u> of the following:		YES	NO	Not Available
1a.	Clean urine screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b.	Stable vital signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c.	Staff observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d.	Self report of no recent drug or alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Biomedical Stabilization

Any "no" response in this dimension indicates the need for a more intensive level of care.

		YES	NO	Not Available
2a.	The resident's biomedical condition is sufficiently stable as evidenced by the ability to participate in the essential components of a residential substance abuse program, AND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b.	The resident is demonstrating responsibility in matters of personal health care (as needed) and is complying with prescribed course(s) of treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Behavioral Stabilization

Any "no" response in this dimension indicates the need for a more intensive level of care that will address behavioral issues.

The resident's behavioral conditions continue to be stable, and are not significantly interfering with the achievement of recovery goals have been evidenced by <u>ALL</u> the following:		YES	NO	Not Available
3a.	Complying with the rules of the program, AND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b.	Progressing toward achieving goals established in the treatment/service plan, AND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c.	Changing behaviors in response to corrective action measures (if applicable), AND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3d.	Demonstrating recovery based social functioning with community, staff and peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Treatment Acceptance/Resistance

<i>Any "no" response in this dimension indicates that the client does not accept treatment</i>			
The resident's treatment acceptance is demonstrated by ALL of the following:	YES	NO	Not Available
4a. The resident is participating in a recovery home environment that promotes recovery through peer interaction, counseling and educational forums, AND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. The resident is making the behavioral changes necessary for recovery as indicated in the treatment/service plan, AND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c. The resident is following the rules and policies of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 5: Relapse Potential			
<i>Any "no" response indicates significant risk for relapse, and the need for a structured Residential Recovery Program setting.</i>			
The resident's relapse potential continues to be significant outside the residential setting; relapse potential is reduced by continued participation in residential treatment as evidenced by:	YES	NO	Not Available
5a. Identification of relapse triggers, AND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. The development of alternative coping skills necessary to maintain recovery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 6: Recovery Environment			
<i>Any "yes" response in this dimension indicates the need for the resident to be in a safe environment of a Residential Recovery Home Program.</i>			
The resident is increasing recovery potential by participating in the development of plans for ALL of the following:	YES	NO	Not Available
6a. An occupation or activities in which recovery is supported, AND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. A support network in the treatment program and the community, AND .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c. A safe post-discharge environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Disposition

Staff Signature: _____

Date: ___/___/___

APPENDIX 3

Discharge Patient Placement Criteria Checklist with Outcome Measures

Massachusetts Residential Recovery Program

Discharge Patient Placement Criteria
Checklist with Outcome Measures

Case No

DPH USE ONLY. DO NOT WRITE IN THIS BOX.

Program Name: _____

Agency Code: _____

MIS No: _____

Gender: _____

Admission Date: _____

Discharge Date: _____

NOTE:

Do not include any identifying information for a client on this form, i.e. their name, address or social security number.

Discharge Type: (check only one)

(1) Completed (2) Dropout (3) Relapse (4) Administrative (5) Other _____

Section 1: Acute Intoxication and/or Withdrawal Potential

Sobriety status is the outcome measure identified under this dimension. A "yes" response on any of the items indicates that the resident is not acutely intoxicated or at risk for physical withdrawal at the point of discharge. A "no" response on any of these indicates that the resident is acutely intoxicated or at risk of physical withdrawal at the point of discharge and indicates the need of a more intensive level of care.

The resident is not acutely intoxicated or at risk of physical withdrawal as evidenced by AT LEAST ONE of the following:

		YES	NO	N/A
1a	Clean urine screens			
1b	Stable vital signs			
1c	Staff observation			
1d	Self report of nor recent drug/alcohol abuse			

Section 2: Biomedical Stabilization

Answer all items in this section. Positive steps taken to improve health status is the outcome measure identified under this dimension. Any "no" response on items 2a or 2b indicates the need for a more intensive level of care. Starred () items indicate steps taken by the resident to address personal healthcare up to and including the point of discharge.*

		YES	NO	
2a	The Resident's biomedical condition is sufficiently stable as evidenced by the ability to participate in the essential components of a residential substance abuse program, AND			
2b	The Resident is demonstrating responsibility in matters of personal health care and is complying with prescribed course(s) of treatment.			

Behaviors consistent with biomedical stabilization may include One or more of the following outcome measures:

		YES	NO	N/A
*2c	Resident has a primary care clinician			
*2d	Resident has addresses necessary medical/health concerns			
*2e	Resident has begun the practice of health promotion activities			
*2f	Resident has participated in health education groups, such as HIV education, smoking cessation, nutrition, stress management, prenatal/postpartum.			
*2g	Other (specify)			

Section 3: Behavioral Stabilization

Answer all items in this section. Engagement in behaviors that are consistent with recovery goals are the outcome measures identified under this dimension. Any "no" response in items 3a indicates that need for a more intensive level of care that will address behavioral issues. Starred () items indicate behavior change up to and including the point of discharge.*

The resident's behavioral conditions, and the achievements of recovery goals have been evidenced by the following:

		YES	NO	
3a	Resident has complied with the rules of the program AND			
3b	Resident has progresses in achieving goals established in the treatment/service plan, AND			
3c	Resident has changed behaviors in response to corrective action measures AND			
3d	Resident has demonstrated recovery based social functioning with community, staff and peers.			

Behaviors consistent with behavioral stabilization may include one or more of the following:

		YES	NO	N/A
*3e	Abstained from illicit and non-prescribed drugs/alcohol			
*3f	Abstained from illegal behavior (no including drug use)			
*3g	Addressed pending legal issues			
*3h	Addressed bad debts and financial obligations			
*3i	Changed other behavior in compliance with treatment/service plan Specify: _____			
*3j	Other (specify)			

Section 4: Treatment Acceptance/Resistance

Any "no" response in this dimension indicates that the client does not accept treatment and provides documentation that the resident is no longer appropriate for placement in a Residential Recovery Program.

		YES	NO	
4a	The resident has participated in a recovery home environment that promotes recovery through peer interaction, counseling and educational forums, AND			
4b	The resident has made the behavioral changes necessary for recovery as indicated in the treatment/service plan, AND			
4c	The resident has followed the rules and policies of the program,			
4d	Other (specify)			

Section 5: Relapse Potential

Answer all items in this section. Adoption of behaviors are likely to reduce relapse potential are the outcome measures under this dimension. Any "yes" response in items 5a and 5b indicates that relapse potential has been reduced in the Residential Recovery Home setting and the need for a structured residential program to address relapse potential has been eliminated. Starred () items that indicate behaviors that change on the part of the resident at the point of discharge.*

The resident relapse potential has been reduced by participants in residential treatment as evidenced by:

		YES	NO	
5a	Identification of relapse triggers, AND			
5b	The development of alternative coping skills necessary to maintain recovery			

Behaviors consistent with a reduction in relapse potential may include one or more of the following:

		YES	NO	N/A
*5c	Membership in 12-step or other self-help			
*5d	Relaxation and/or meditation			
*5e	Exercise			
*5f	Other (specify)			

Section 6: Recovery Environment

Employment status, recovery supports, housing and a safe post-discharge environment are the outcomes measures identified under this dimension. Any "yes" response in items 6a, 6g or 6p indicates that the resident is increasing or has increased his/her recovery potential by the development of plans for a safe post-discharge environment. Starred (*) items indicate the impact of the residential recovery program on the development of a positive recovery environment.

		YES	NO	
6a	The resident has increased recovery potential by participating in planning for the development of a post-discharge occupation or activities in which recovery is supported			

Behaviors consistent with an increased recovery potential may include one or more of the following:

		YES	NO	N/A
*6b	Paid full-time employment			
*6c	Paid part-time employment			
*6d	Unpaid full-time employment (Ex. Volunteer position)			
*6e	Unpaid part-time employment			
*6f	Other (Ex. Education) (Specify)			
6g	The resident has increased recovery potential by participating in the development of plans for the development of a support network in the treatment programs and the community			

Behaviors consistent with an increased recovery potential may include one or more of the following:

		YES	NO	N/A
*6h	Involvement in the 12-step community			
*6i	Involvement in other self help			
*6j	Support of family			
*6k	Moving into a ¾ residential graduate program			
*6l	Moving into sober/supportive housing			
*6m	Attending, or scheduled to attend, outpatient counseling, methadone or acupuncture treatment			
*6n	Involvement with alumni group			
*6o	Other (Religious activities) (Specify)			
6p	The resident has increased recovery potential by participating in the development of plans for a safe post-discharge environment			

Behaviors consistent with development of a safe post-discharge environment may include one of the following:

Check only one response

*6q	Living with family and/or independent housing	
*6r	Arrangements completed for cooperative housing	
*6s	Moving into a ¾ residential graduate program	
*6t	Moving into a sober/supportive housing	
*6u	Arrangements completed for shelter	
*6v	Acceptance to live-in school	
*6w	Arrangements completed for another treatment environment	
*6x	Other (specify)	

Return to: Dana Murray
 Department of Public Health
 Bureau of Substance Abuse Services
 250 Washington Street
 3rd floor
 Boston, MA 02108
 617-624-5118

ROMT Discharge Summary Report
(Please keep this for your own records)

Client Name: _____

Comments

Disposition

Summary